Gas Strength and Tightness Testing (Non Domestic)

Enter Company Gas Safe Registration Number 514561

CUSTOMER DETAILS

Name (Mr/Mrs/Miss/Ms) UoS ACCOMMODATION VILLAGE

Address ENDCLIFFE VILLAGE
ENDCLIFFE CRESCENT
SHEFFIELD

Postcode S10 3EL

Tel No —

Contract Number UoS

SERVICE CENTRE

Address ENGIE
14 ENDCLIFFE CRESCENT
SHEFFIELD

Postcode S10 3EA

Tel No 0114 2224946

Indicate work undertaken	Tightness test	Strength test
Scope of works	Job No	
ANNUAL GAS PPM AND TIGHTNESS TEST		

Test Instrument	
Type (water/elec etc)	ELECTRONIC 2DP
Serial No if applicable	V100 CJ26151

TIGHTNESS TEST DETAILS	TPCP1	TPCP1A
Tested To TPCP1 or TPCP1A tick as appropriate		✓
Gas type Natural Gas (NG) Liquified Petroleum Gas (LPG)		NG
Installation - New (N) - New extension (NE) - Existing (E)		E
Could weather/changes in temperature affect test? Yes/No		
Meter type (Diaphragm, Rotary etc) (N/A if meter not included in test)		D
Meter designation (U16, U40, P7 etc) (N/A if meter not included in test)		U25
Pressure bypass installed if applicable (Yes/No/NA)		NA
Gas meter volume (m^3)		0.033
Installation volume pipework and fittings (m^3)		0.02
Installation volume total (m^3)		0.066
Test medium - fuel gas, air		GAS
Tightness test pressure (TTP) mbar/bar		21.0
Gauge GRM		N/A
Pressure gauge type (water, high SG, electronic etc)		E
Maximum permitted leak rate (MPLR) m^3/h		
Maximum Permitted pressure drop (mbar)		4.2
Let-by test period (minutes)		2
Stabilisation period (minutes)		6
Tightness test duration (TTD) (minutes)		2
Any inadequately ventilated areas to check? Yes/No		NO
Is barometric pressure correction necessary? Yes/No		
FINDINGS		
Actual pressure drop (if any) mbar		0.0
Actual leak rate m3/hr		
Have inadequately ventilated areas been checked? Yes/NA		NA
Tightness test Pass or Fail		PASS

STRENGTH TEST DETAILS	
State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)	
Calculated strength test pressure (STP) (m/bar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
FINDINGS	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Engineers Signature [redacted] Date 19/02/21

Print Name [redacted]

Responsible Person's Signature [redacted]

Attention : Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installations has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Engineers Signature Date

Print Name

Responsible Person's Signature

Copies : WHITE - Customer Copy YELLOW - Site Copy PINK - Office Copy GREEN - Engineer's Copy

GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

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Gas Safe REGISTER S74561 Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address
WOLSELEY PLUMB & HEATING
LEEDS ROAD
SHEFFIELD
S10 3EA

Contract Number Yes
Customer Name EAE
Site Address CRAFTHOUSE AB
ENDCLIFFE VILLAGE
SHEFFIELD
Postcode S10 3EA
Received By Signature

Landlords Details If Different
Name
Address
Postcode
Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICE	CRAFTHOUSE AB PLANT ROOM	VAILLANT	ADVANCE CW4 80/300	071246	NA	OF
2	YES	SERVICE		VAILLANT	ADVANCE CW4 80/300	071246	NA	OF
3	YES	SERVICE		BOILER	VIESMANN VITODENS 300	7176779102449105	NA	OF
4	YES	SERVICE		BOILER	VIESMANN VITODENS 300	7176779102342107	NA	OF

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	YES	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	YES
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² ~~or ventilation flow rate inlet m³/h~~	Actual 1680	Required (Calculated) 1165	
High level free area cm² ~~or ventilation flow rate extract m³/h~~	Actual 2471	Required (Calculated) 582	
All ventilation grills clear and unobstructed (Yes/No)	YES	Fans and/or flue interlocks operating correctly (Yes/No/NA)	NA

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	App 1 or ~~App 1 High~~	App 2 or ~~App 1 Low~~	App 3 or ~~App 2 High~~	App 4 or ~~App 2 Low~~
Flue flow test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	YES	YES
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	61	62	128	130
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES
Heat net input rating data (kW)	31.1	31.1	66.0	66.0

	App 1 or ~~App 1 High~~	App 2 or ~~App 1 Low~~	App 3 or ~~App 2 High~~	App 4 or ~~App 2 Low~~
Gas burner pressure (gross) or heat input kW/h required	31.1	31.1	66.0	66.0
~~Gas burner pressure (gross) or~~ heat input kW/h measured	30.8	30.8	65.6	68.5
Gas rating measured (kW/h / NA)	30.8	30.8	65.6	68.5
Air/gas ratio control setting (%/NA)	NA	NA	NA	NA
Net flue gas temperature (gross less ambient) (°C)	58	57	47	51
Oxygen (O_2 %)	5.4	5.5	5.9	5.0
Carbon Monoxide (CO)(ppm)	66	56	25	36

	App 1 or ~~App 1 High~~	App 2 or ~~App 1 Low~~	App 3 or ~~App 2 High~~	App 4 or ~~App 2 Low~~
Carbon Dioxide (CO_2) (%)	8.8	8.8	8.5	9.0
Excess Air (%)	35.1	35.3	39.5	31.2
CO/CO_2 Ratio	0.0005	0.0060	0.0020	0.0004
Gross Efficiency (%)	99.9	98.4	98.7	98.6
CO flue dilution (ppm)	NA	NA	NA	NA
Standing pressure (mbar)	240	240	240	240
Working pressure (mbar)	20.5	20.5	20.6	20.6
Is appliance safe for use (Yes/No)	YES	YES	YES	YES
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	A900 SPLIT V200			
Test Instrument serial number	V200 CS26151			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	YES

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (installation and use) regulations, standards and procedures.

Date 8/02/20

Signature [redacted]

[redacted] - Service Centre, Pink - Site, [redacted] Engineer